

PTO/SB/21 (03-03)

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**TRANSMITTAL  
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Total Number of Pages in This Submission

1

Application Number

10/666,568

Filing Date

September 19, 2003

First Named Inventor

McNally, et al.

Art Unit

Examiner Name

Attorney Docket Number

7668-4

**ENCLOSURES (Check all that apply)**

- |  |  |   |
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| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) *    |
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| <input type="checkbox"/> Affidavits/declaration(s)                           | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Theodore M. Green, Akerman Senterfitt P.O. Box 3188 West Palm Beach, FL 33402-3188
Signature	<i>Theodore M Green</i>
Date	March 3, 2004

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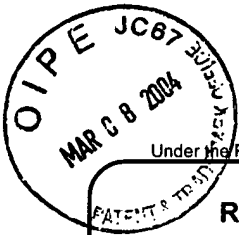
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Date

March 3, 2004

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**REVOCATION OF POWER OF  
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AND  
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Application Number	10/666,568
Filing Date	September 19, 2003
First Named Inventor	CHANDRA et. al.
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 30448

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name

Signature

Date

Telephone

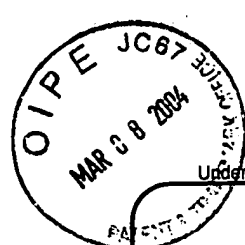
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☐ \*Total of \_\_\_\_\_ forms are submitted.

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Art Unit	
Examiner Name	
Attorney Docket Number	7668-4

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 30448☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:30448**OR**

<input type="checkbox"/> Firm or Individual Name					
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City		State		Zip	
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Joel M. Furey		
Signature			
Date	1/19/04	Telephone	802-253-2212

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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